

KENTUCKY BOARD OF NURSING
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ADVISORY OPINION STATEMENT

ROLES OF NURSES IN THE CARE OF INTRAPARTUM PATIENTS

Introduction

The Kentucky Board of Nursing is authorized by Kentucky Revised Statutes (KRS) Chapter 314 to regulate nurses, nursing education and practice, and to issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the citizens of the Commonwealth.

The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guideline to licensees who wish to engage in safe nursing practice.

Accountability and Responsibility of Nurses

KRS 314.021(2) holds nurses individually responsible and accountable for rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing care.

KRS 314.021(2) imposes individual responsibility upon nurses. Acts which are within the permissible scope of practice for a given licensure level may be performed only by those licensees who personally possess the education and skill proficiency to perform those acts in a safe, effective manner.

Nursing practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based.

Statutory Definition and Policy

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm;
- b) The maintenance of health or prevention of illness of others;
- c) The administration of medication and treatment as prescribed by physician, physician assistant, dentist, or advanced practice registered nurse and as further authorized or limited by the board, and which are

consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:

1. Preparing and giving medication in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
 3. Intervening when emergency care is required as a result of drug therapy;
 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
 6. Instructing an individual regarding medications.
- d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care; and
- e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nursing practice" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

- a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist;
- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board;
- c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced practice registered nurse and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses;
- d) Teaching, supervising, and delegating except as limited by the board.
- e) The performance of other nursing acts, which are authorized, or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

KRS 314.011(8) defines "advanced practice registered nursing practice", in part, as:

...The performance of additional acts by registered nurses who have gained added knowledge and skills through an organized postbasic program of study and clinical experience and who are certified by the American Nurses' Association or other nationally established organizations or agencies recognized by the board to certify registered nurses for advanced nursing practice. The additional acts shall, subject to approval of the board, include but not be limited to prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced practice registered nurses who engage in these additional acts shall be authorized to issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905 and to issue prescriptions for but not to dispense Schedules II through V controlled substances as classified in KRS 218A.060, 218A.070, 218A.080, 218A.090, 218A.100, 218A.110, 218A.120, and 218A.130, under the conditions set forth in KRS 314.042 and regulations promulgated by the Kentucky Board of Nursing on or before August 15, 2006. (a).... The performance of these additional acts shall be consistent with the certifying organization or agencies' scopes and standards of practice recognized by the board by administrative regulation.

Advisory Opinion

Based upon KRS 314.021(2), nurses are responsible and accountable for their decisions regarding the care of intrapartum patients.

After review of the statutes governing nursing practice, the STANDARDS FOR PROFESSIONAL NURSING PRACTICE IN THE CARE OF WOMEN AND NEWBORNS, (AWHONN) (2008), current evidence based practice literature, and the knowledge and skills required to provide nursing care for intrapartum patients, the Kentucky Board of Nursing issued the following opinion:

- The **initial and ongoing nursing assessment** of intrapartum patients should be performed by a registered nurse who possesses cognitive knowledge, competent skill, and expertise in obstetric nursing. The performance of a **manual vaginal examination** to assess dilation, effacement of the cervix, and/or station of the fetus is within the scope of registered nursing practice.
- The **application of fetal scalp leads/electrodes** for internal fetal monitoring based upon a documented order of the provider or a written medically approved protocol, are within the scope of registered nursing practice provided that rupture of the membranes is documented and presentation is vertex and engaged.
- The **insertion of intrauterine pressure catheters** is not within the scope of registered nursing practice but is within the scope of the Advanced Practice Registered Nurse, designated nurse midwife.
- The **artificial rupture of membranes** is not within the scope of registered nursing practice, but is within the scope of practice of the advanced practice registered nurse, designated nurse midwife (CNM).

The licensed practical nurse may assist in the care of intrapartum patients under the direct supervision of the registered nurse, APRN, or physician; however, it is not within the scope of licensed practical nursing practice to perform manual vaginal examinations, apply fetal scalp leads or insert intrauterine pressure catheters. For more information see Kentucky Board of Nursing AOS #27 entitled "Components of Licensed Practical Nursing Practice."

Nurses who care for intrapartum patients should provide care according to the STANDARDS FOR PROFESSIONAL NURSING PRACTICE IN THE CARE OF WOMEN AND NEWBORNS, (AWHONN) (2008), and according to appropriately established policies and procedures of the healthcare facility which are consistent with the definitions of nursing practice. Nurses are responsible for having adequate educational preparation and clinical experience in the care of intrapartum patients. Registered nurses should have documented evidence of completion of continuing education, which provided for supervised clinical practice and demonstration of competency in the performance of the application of fetal scalp leads.

Application of Suprapubic Pressure and Fundal Pressure

The registered nurse may NOT apply fundal pressure during the second stage of labor including but not limited to the following clinical circumstances: a) in the presence of a non-reassuring fetal heart rate pattern, b) maternal exhaustion, or c) in instances of shoulder dystocia.

Under specified conditions, it is within the scope of registered nursing practice for a labor and delivery registered nurse to perform fundal pressure and suprapubic pressure when stipulations for safe practice are present, as listed below. The performance of such pressures is not within the scope of licensed practical nursing practice. It is the advisory opinion of the Board that a registered nurse may apply suprapubic pressure during the vaginal delivery of a fetus with suspected shoulder dystocia or breech delivery. A registered nurse, under the direction of a physician or CNM, may apply gentle fundal pressure for the purposes of preventing the upward displacement of the presenting part during fetal scalp electrode placement, and during an amniotomy when the vertex presentation is ballotable. A registered nurse, who is scrubbed and is a member of the surgical team, may apply fundal pressure during a cesarean section.

As referenced above, the Board advises that stipulations for safe practice include but are not limited to the following:

1. The registered nurse is educationally prepared and clinically competent in the performance of the procedures. The educational preparation should include but not be limited to instruction in the application of and rationale for the procedures and how the procedures differ. The educational preparation for performance of pressures is directed by a licensed health care professional, such as a licensed physician with substantial specialized knowledge, judgment and skill related to obstetrics, or an APRN designated nurse midwife, or a registered nurse with documented clinical knowledge and competency in the application of pressure.
2. For each registered nurse expected to perform pressures, the facility maintains written documentation of each registered nurse's initial and continued competency to perform pressures.
3. The registered nurse practices according to *Kentucky Nursing Laws*, generally accepted standards of care, and evidence based practice.
4. A licensed physician or an APRN designated nurse midwife is present in the room and directing the performance of pressure.
5. All necessary resources are available.
6. The facility/agency has detailed policies and procedures in place addressing all aspects of this issue to include but not limited to: specific guidelines/criteria for these procedures and a mechanism of data collection for quality control.
7. The facility's policy and procedures is reviewed and approved by the Departments of Nursing and Medicine both initially and at planned periodic intervals.
8. The labor and delivery registered nurse documents the performance of pressure and the results of its application in the maternal medical record.

It is inappropriate for a registered nurse to perform suprapubic pressure or fundal pressure when the application of these technical procedures is beyond the parameters of the registered nurse's education, capabilities or experiences. Although the determination of medical procedures and patient's medical status is a medical decision, the registered nurse has the right and the obligation to question orders and decisions which are contrary to acceptable standards and to refuse to participate in procedures which may result in harm to the patient.

Determining Scope of Practice

KRS 314.021(2) holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. The

Kentucky Board of Nursing has published the "Scope of Practice Determination Guidelines" which contains a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the guidelines may be downloaded from the KBN website at <http://kbn.ky.gov>.

Approved: 4/85

Revised: 1987; 1992; 1/1993; 2/2005; 4/2007; 2/2011

Editorial Revision: 5/2012